

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street)

P.O. Box 4449

Check if different
than previously
reported. (ACC)

Cary

NC

27519

4449

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00194647

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Suzanne Coker

Signature of Treasurer

Electronically Filed by Ms. Suzanne Coker

Date

01

30

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		79734.80
(b) Cash on Hand at Beginning of Reporting Period	83700.01	
(c) Total Receipts (from Line 19)	17667.78	69717.11
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	101367.79	149451.91
7. Total Disbursements (from Line 31)	490.92	48575.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	100876.87	100876.87
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3400.00	17555.60
(i) Itemized (use Schedule A)	13483.75	51356.95
(ii) Unitemized	16883.75	68912.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16883.75	68912.55
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	698.05	698.05
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	85.98	106.51
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17667.78	69717.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17667.78	69717.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	490.92	761.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	490.92	761.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	47800.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	13.20
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	490.92	48575.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	490.92	48575.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16883.75	68912.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16883.75	68912.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	490.92	761.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	698.05	698.05
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-207.13	63.79

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Kirk Toomey, , FACHE

Mailing Address 2460 Curtis Ellis Drive

City

Rocky Mount

State

NC

Zip Code

27804-2237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nash Health Care Systems

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 7

Transaction ID: 14287557

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. John K Barto, , Jr.

Mailing Address P O Box 9000

City

Wilmington

State

NC

Zip Code

28402-9000

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hanover Regional Medi-
cal Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 14386144

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Mr. J William Paugh

Mailing Address P O Box 8001

City

Goldsboro

State

NC

Zip Code

27533-8001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayne Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 7

Transaction ID: 14386221

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

Linda A. Lugo

Mailing Address 2208 Brigham Rd.

City

Greensboro

State

NC

Zip Code

27409-9064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Forsyth Medical Center

Occupation

Hospital Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	7

Transaction ID: 14386321

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen Pennington

Mailing Address P O Box 560

City

Elkin

State

NC

Zip Code

28621-0560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hugh Chatham Memorial Hos-
pital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: 14386327

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms Susan H Fitzgibbon

Mailing Address 618 South Main Street

City

Reidsville

State

NC

Zip Code

27320-5020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Annie Penn Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: 14473928

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

Mr. Michael C Tarwater

Mailing Address P O Box 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 14827520

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donny C Lambeth

Mailing Address Medical Center Boulevard

City

Winston Salem

State

NC

Zip Code

27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina Baptist Hospital

Occupation

Interim President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 14827522

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mike Stevenson

Mailing Address 4130 U S Highway 64 East

City

Murphy

State

NC

Zip Code

28906-7917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Murphy Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 7

Transaction ID: 14837054

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

Mr. Linwood Jones

Mailing Address Post Office Box 4449

City

Cary

State

NC

Zip Code

27519-4449

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina Hospital
Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: 14853101

Amount of Each Receipt this Period

480.00

B.

Full Name (Last, First, Middle Initial)

Mr. William Mahone, V

Mailing Address P O Box 1089

City

Roanoke Rapids

State

NC

Zip Code

27870-1089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 14952969

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

880.00

TOTAL This Period (last page this line number only)

3400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 18

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.24

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: 14952961

Amount of Each Receipt this Period

332.61

Service Charge Refund

B.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.95

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 14952965

Amount of Each Receipt this Period

70.00

Service Charge Refund

C.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 7

Transaction ID: 14953593

Amount of Each Receipt this Period

243.44

Service Charge Refund

SUBTOTAL of Receipts This Page (optional)

646.05

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 18

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

774.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	7

Transaction ID: 14953601

Amount of Each Receipt this Period

52.00

Service Charge Refund

SUBTOTAL of Receipts This Page (optional)

52.00

TOTAL This Period (last page this line number only)

698.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 18

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.98

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 14952963

Amount of Each Receipt this Period

14.30

Interest on account

B.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.86

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 14952964

Amount of Each Receipt this Period

14.81

Interest on account

C.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

789.43

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 14952967

Amount of Each Receipt this Period

14.48

Interest on account

SUBTOTAL of Receipts This Page (optional)

43.59

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 18

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

804.48

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 14952968

Amount of Each Receipt this Period

15.01

Interest on account

B.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 14953595

Amount of Each Receipt this Period

0.07

Interest on account

C.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.95

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 14953597

Amount of Each Receipt this Period

0.09

Interest on account

SUBTOTAL of Receipts This Page (optional)

15.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 18

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

789.47

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 14953602

Amount of Each Receipt this Period

0.04

Interest on account

B.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

804.56

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 14953604

Amount of Each Receipt this Period

0.08

Interest on account

SUBTOTAL of Receipts This Page (optional)

0.12

TOTAL This Period (last page this line number only)

58.88

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City
Wake Forest

State
NC

Zip Code
27587

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 14952952

Date of Disbursement

07 / 23 / 2007

Amount of Each Disbursement this Period

50.48

Service Charge

B.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City
Wake Forest

State
NC

Zip Code
27587

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 14953569

Date of Disbursement

07 / 23 / 2007

Amount of Each Disbursement this Period

38.01

Service Charge

C.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City
Wake Forest

State
NC

Zip Code
27587

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 14952953

Date of Disbursement

08 / 21 / 2007

Amount of Each Disbursement this Period

50.48

Service Charge

SUBTOTAL of Disbursements This Page (optional)

138.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City
Wake Forest

State
NC

Zip Code
27587

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14953589

Date of Disbursement

08 / 21 / 2007

Amount of Each Disbursement this Period

53.37

Service Charge

B.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City
Wake Forest

State
NC

Zip Code
27587

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14952954

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

50.48

Service Charge

C.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City
Wake Forest

State
NC

Zip Code
27587

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14953592

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

33.70

Service Charge

SUBTOTAL of Disbursements This Page (optional)

137.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City
Wake Forest

State
NC

Zip Code
27587

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 14952955

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

50.57

Service Charge

B.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City
Wake Forest

State
NC

Zip Code
27587

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 14953596

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

33.37

Service Charge

C.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City
Wake Forest

State
NC

Zip Code
27587

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 14952956

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

50.00

Service Charge

SUBTOTAL of Disbursements This Page (optional)

133.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

A.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City
Wake Forest

State
NC

Zip Code
27587

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 14953599

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

32.83

Service Charge

B.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City
Wake Forest

State
NC

Zip Code
27587

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 14952958

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

25.48

Service Charge

C.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1821 S. Main St.

City
Wake Forest

State
NC

Zip Code
27587

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 14953603

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

22.15

Service Charge

SUBTOTAL of Disbursements This Page (optional)

80.46

TOTAL This Period (last page this line number only)

490.92